

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000778
STATE FILE NUMBER

AMENDED

Registration District No. 71Primary Registration District No. 5288Registrar's No. 6

FILED JAN 31 1962

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	
Length of stay in lb <u>10 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Coates Country Estates</u>		d. STREET ADDRESS (If outside, give location) <u>102 Westview Dr.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Julius</u> Middle <u>Boniman</u> Last <u>Stokes</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>15</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/2/1892</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>69</u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor M.D.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Veterans Adm. Hosp, Scotia, S. Car.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Benjamin Stokes</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Rebecca Ellis</u>	
14. NAME OF HUSBAND OR WIFE <u>Georgia Nance Stokes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Mrs. Jack D. Lookamy, Ex. Spgs. MO</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pneumonia</u> DUE TO (b) <u>chronic pulmonary emphysema and pulmonary fibrosis</u> DUE TO (c) <u>chronic bronchiectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days?</u> <u>years</u> <u> yrs.</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ca of prostate - 3 yrs</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Excelsior Springs, Mo.</u>		
20g. COUNTY <u>Clay</u>		20h. STATE <u>Missouri</u>			

21. I attended the deceased from <u>12-4-61</u> to <u>15 Jan '62</u> and last saw him alive on <u>12 Jan 62</u>					
Death occurred at <u>9:40 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>George E Sanders M.D.</u>		22b. ADDRESS <u>Excelsior Springs, Mo.</u>		22c. DATE SIGNED <u>1-16-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/18/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Schell City Missouri</u>	

24. FUNERAL DIRECTOR <u>Chas. Virgil Hope, Ex. Spgs. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-20-62</u>		26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	
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(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.